$\frac{\textbf{VERIFYING AFFIDAVIT}}{(\text{ATTACHMENT C})}$

STATE OF	_ §	?	
COUNTY OF	- §		
COUNT I OF	- 8		,
	_, t	h	the of
(Individual)			(Title)
	_, t	be	being duly sworn according to law, on his or her
oath deposes and say the he/she makes this s	tat	te	tement on behalf of the applicant and at the
direction and pursuant to a resolution of the	Во)a	oard of Directors of the applicant and that the
above statements are true and correct at the l	ses	st	st of his/her knowledge and belief, and that this
statement is executed with the knowledge th	at	aı	any misrepresentation or failure to reveal
information requested may be deemed suffic	iei	nt	nt cause for refusal to issue, or revocation of a
-			
statement is executed with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue, or revocation of a license. Further that he/she is voluntarily submitting this statement and understands that misleading statements may subject him/her to criminal or other sanctions or punishment. (Legal Name of the Business Entity Applicant) By			
		_	(Legal Name of the Business Entity Applicant)
By			
2,		_	(Title)
(affix corporate seal)	_		_
			(Printed Name of Individual Preparing Form)
STATE OF	e		(Date)
STATE OF	_8 _8		
COUNTY OF	_§		
Sworn and subscribed to before me this which witness my hand and official seal		_	_ day of, 20, to certify
which withess my hand and official scal			
Notary Public, State of:	-		
My Commission Expires:		_	

(affix notary seal)